



12/05/2006 13:05 FAX 650 833 2001

DLA PIPER US LLP

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26379 7590 10/13/2006

DLA PIPER RUDNICK GRAY CARY US, LLP  
2000 UNIVERSITY AVENUE

E. PALO ALTO, CA 94303-2248

12/06/2006 TTRAN2 00000046 071896 10814443

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

MARIA PAULA KOVACS (Depositor's name)  
*Maria Paula Kovacs* (Signature)  
December 5, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/814,443	03/30/2004	Vishal Sarin	2102397-992980	5465

TITLE OF INVENTION: METHOD AND APPARATUS FOR COMPENSATING FOR BITLINE LEAKAGE CURRENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUU, PHO M	2824	365-189010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SILICON STORAGE TECHNOLOGY, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SUNNYVALE, CA 94086 USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies ten (10)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

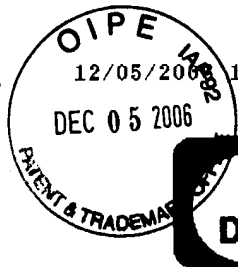
*JON A. IREGAMI*  
TYPED OR PRINTED NAME JON A. IREGAMI

Date 12/5/06

Registration No. 51,115

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**DLA PIPER**

DLA PIPER US LLP

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2000 University Avenue  
East Palo Alto, California 94303-2248  
O 650.833.2104  
F 650.833.2001  
W www.dlapiper.com

## FAX TRANSMISSION COVER SHEET

December 5, 2006

To: **M/S: ISSUE FEE**

Telephone:

Fax Number:

United States Patent Office  
Commissioner for Patents  
Alexandria, VA 22313-1450

**571-273-2885**

From: **JON Y. IKEGAMI**  
Reg No. 51,115  
Tel.: (650) 833-2104

Attorney Docket Number:

**351913-992980**

Re: **U.S. Patent Application:**

**Serial No.: 10/814,443**

**Filing Date: March 30, 2004**

**Inventor: Pho M. LUU**

**Art Unit: 2824**

**Title: METHOD AND APPARATUS FOR COMPENSATING FOR BITLINE LEAKAGE  
CURRENT**

Pages: - 5 - (including this form) Originals: ☐ will be mailed ☒ will not be mailed

If there is a problem with this transmission, please call **Marie Kovacs (650) 833-1566**  
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Message:

The following documents are being facsimile transmitted to the U.S. Patent and Trademark Office  
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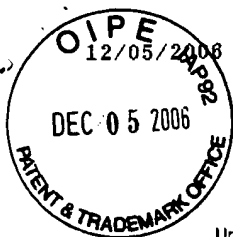
1. (This) Fax Transmission Cover Sheet to USPTO (1 pg);
2. Transmittal Form (PTO/SB/21) (1 pg);
3. Part B - Issue Fee Transmittal (1 pg);
4. Fee Transmittal FY 2006 (PTO/SB/17) (1 pg); and
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Maria Paula Kovacs  
Maria Paula Kovacs

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(Form Rev. 6/5/00)



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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/814,443	
	Filing Date	March 30, 2004	
	First Named Inventor	Vishal SARIN	
	Art Unit	2824	
	Examiner Name	Pho M. LUU	
Total Number of Pages In This Submission	5	Attorney Docket Number	351913-992980(2102397)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (+ copy)	<input type="checkbox"/> Drawing(s) Replacement Sheet	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached deposit account for \$1,721.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Part B- Fee Transmittal PTOL-85;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Certificate of Facsimile Mailing;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	3. Fax Transmission Cover Sheet.
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge any additional fees which may be required, including petition fees and extension of time fees, to Deposit Account No. 07-1896 (Docket No. 351913-992980).	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DLA Piper US LLP		
Signature			
Printed name	Jon Y. Ikegami		
Date	December 5, 2006	Reg. No.	51,115

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Maria Paula Kovacs
Date	December 5, 2006

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PA10482582.1  
351913-992980

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **for FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,730.00)

**Complete If Known**

Application Number	10/814,443
Filing Date	March 30, 2004
First Named Inventor	Vishal SARIN
Examiner Name	Pho M. LUU
Art Unit	2824
Attorney Docket No.	351913-992980

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 07-1896

Deposit Account Name: DLA PIPER US LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
- 100 =	/50=	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): CFR (1501) 1.18(a) Issue Fee \$1,400; (1504) 1.18(d) Publication Fee \$300; &amp; (8001)

1.19(a)(1) 10 soft patent copies Fee \$30.00

1,730.00

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent)

51,115

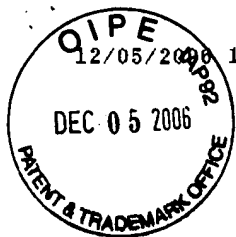
Telephone (650) 833-2104

Name (Print/Type)

Jon Y. Ikegami

Date December 5, 2006

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DLA PIPER US LLP

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Docket No. 351913-992980

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Vishal SARIN		
Serial No.	10/814,443	Group Art Unit:	2824
Filed:	March 30, 2004	Examiner:	Pho M LUU
Title:	<b>METHOD AND APPARATUS FOR COMPENSATING FOR BITLINE LEAKAGE CURRENT</b>		

**Certificate of Facsimile Transmission under 37 CFR 1.8**

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Maria Paula Kovacs

Attached are the following documents:

1. Fax Transmission Cover Sheet to USPTO (1 pg);
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5. This Certificate of Facsimile Transmission under 37 CFR 1.8 (1 pg.)